

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

NOV 4 1936

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. 4557, Harris ave

49102

File No.....

10029

Registered No.....

St. Ward)

2. FULL NAME Sallie Ann Baumgartner,

(a) Residence, No. 4557 Harris ave St. 9 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3rd 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

stillborn

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St. Louis, Mo

13. NAME

Francis Baumgartner

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St. Louis, Mo

15. MAIDEN NAME

Beatrice Keane

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St. Louis, Mo

17. INFORMANT
(ADDRESS)

Francis Baumgartner

4557 Harris avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary Cem

DATE

Oct 5th

1936

19. UNDERTAKER
(ADDRESS)

Meek & Dickman
3039 Eastern Av.

20. FILED

OCT 4 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to Oct 3, 1936

I last saw h..... alive on Stillborn, 19..... Death is said
to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

stillbirth
(premature.)

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury....., 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed).....

(Address).....

Ed H. Killek
3121 N Grand Blvd

